|                                                                                                                                                                                                                                                                                             | Application No.                                                                                                                                                                                                           | Applicant(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |
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| Notice of Allowability                                                                                                                                                                                                                                                                      | 10/532,125                                                                                                                                                                                                                | LEE ET AL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |
|                                                                                                                                                                                                                                                                                             | Examiner                                                                                                                                                                                                                  | Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
|                                                                                                                                                                                                                                                                                             | Melvin Jones                                                                                                                                                                                                              | 3744                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
| The MAILING DATE of this communication ap<br>All claims being allowable, PROSECUTION ON THE MERITS I<br>herewith (or previous) mailed), a Notice of Allowance (PTOL-8<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT<br>of the Office or upon petition by the applicant. See 37 CFR 1.3 | S (OR REMAINS) CLOSED in<br>5) or other appropriate commin<br>RIGHTS. This application is s                                                                                                                               | n this application. If not included<br>unication will be mailed in due o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d<br>ourse. THIS |
| <ol> <li>This communication is responsive to <u>11/19/2007</u>.</li> </ol>                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |
| 2. The allowed claim(s) is/are 1.3-18.                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |
| 3.                                                                                                                                                                                                                                                                                          | we been received.  we been received in Applicatio focuments have been receive  "of this communication to file MMENT of this application.  writted. Note the attached EX- ives reason(s) why the oath o  ust be submitted. | on No  d in this national stage application and the requirements of the requirements of the requirements of the requirements of the region of the re | uirements        |
| 1)   hereto or 2)   to Paper No./Mail Date                                                                                                                                                                                                                                                  | er's Amendment / Comment or                                                                                                                                                                                               | r in the Office action of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | back) of         |
| <ol> <li>DEPOSIT OF and/or INFORMATION about the department of attached Examiner's comment regarding REQUIREMEN</li> </ol>                                                                                                                                                                  | posit of BIOLOGICAL MAT<br>T FOR THE DEPOSIT OF BIO                                                                                                                                                                       | ERIAL must be submitted. N<br>DLOGICAL MATERIAL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ote the          |
|                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |
| Attachment(s)  1. Notice of References Cited (PTO-892)  2. Notice of Draftperson's Patent Drawing Review (PTO-948)  3. Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date  4. Examiner's Comment Regarding Requirement for Deposion of Biological Material                  | 8) 6. Interview S<br>Paper No.<br>7. Examiner's                                                                                                                                                                           | oformal Patent Application ummary (PTO-413), Mail Date Amendment/Comment Statement of Reasons for Allov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wance            |
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Application/Control Number: 10/532,125 Art Unit: 3744

## Allowable Subject Matter

Claims 1, 3-18 are allowed over the prior art of record.

## Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Melvin Jones whose telephone number is (571)272-4810. The examiner can normally be reached on Monday-Wednesday & Friday.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Cheryl Tyler can be reached on (571) 272-4834. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system; call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

Melvin Jones Primary Examiner Art Unit 3744

MELVIN JONES